

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

### INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

| Date | Claim | Date | Claim    | Date | Claim |
|------|-------|------|----------|------|-------|
|      | Final |      | Original |      |       |
|      | 101   |      | 101      |      |       |
|      | 102   |      | 102      |      |       |
|      | 103   |      | 103      |      |       |
|      | 104   |      | 104      |      |       |
|      | 105   |      | 105      |      |       |
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|      | 107   |      | 107      |      |       |
|      | 108   |      | 108      |      |       |
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|      | 112   |      | 112      |      |       |
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|      | 114   |      | 114      |      |       |
|      | 115   |      | 115      |      |       |
|      | 116   |      | 116      |      |       |
|      | 117   |      | 117      |      |       |
|      | 118   |      | 118      |      |       |
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|      | 142   |      | 142      |      |       |
|      | 143   |      | 143      |      |       |
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|      | 145   |      | 145      |      |       |
|      | 146   |      | 146      |      |       |
|      | 147   |      | 147      |      |       |
|      | 148   |      | 148      |      |       |
|      | 149   |      | 149      |      |       |
|      | 150   |      | 150      |      |       |

If more than 150 claims or 10 actions  
staple additional sheet here

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